

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>FOR USE WITH FORM PTO-875</small>						<b>SERIAL NO.</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>FILING DATE</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>							
<b>CLAIMS</b>						<b>APPLICANT(S)</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>								
	A	FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•		
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51							
2		/					52							
3		/					53							
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46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL		IND.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		TOTAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		TOTAL	
IND.							IND.						IND.	
DEP.							DEP.						DEP.	
TOTAL CLAIMS							TOTAL CLAIMS						TOTAL CLAIMS	